

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: WHISPERING WILLOWS (310585)

Address: W4517 WILLOW BEND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 07/01/1993

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094785 **End Date:** 05/13/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094400 **End Date:** 03/29/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008790 Served 04/02/2005

Deficiencies Cited
50.065(6)(b)

Subject Area
CREDENTIALLED CAREGIVERS

Compliance
Verified
05/04/2005

Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Survey ID: 0094062 **End Date:** 01/18/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009064 Served 02/10/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(4)(j)2	NURSING TIME RECORDED RESIDENT RECORD		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR		
83.43(5)(a)4	ENCLOSED FURNACE ROOM		
83.43(5)(a)5	ENCLOSED LAUNDRY ROOM		
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Enforcement History

Date: 04/01/2005 SOD #10008790 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Date: 02/08/2005 SOD #10009064 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(g)1

FORFEITURE---83.42(3)(f)

FORFEITURE---83.43(4)(b)1.d

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Complaint History

Date Complaint Received: 04/02/2004

Date Investigation Completed: 01/18/2005

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10009064

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.